

Jul 20 20, 12:20p

Nelson-Haile Funeral Home

803-432-4157

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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Audrey Boykin dba Double R Transportation

292947

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2020 - 168 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Audrey Ellerbe Boykin
Submitted by:

Telephone: 803 729-5071

Address: 2101 Etters Lane

Fax: 803 424-8300

Cassatt, SC 29032

Other:

Email: DOUBLERTRANS1@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: June 29, 2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Audrey Ellerbe Boykin d/b/a

Double R Transportation I ~~Sole Proprietorship~~

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name).

2101 Etters Lane Cassatt, SC 29032

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

8037295071

Phone

8034248300

Fax

DOUBLERTRANS1@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	41,599.00	Loans Owed on Motor Vehicles	28,000.00
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	0	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	28,000.00
Total Assets	41,599.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Trips between 1 and 3 miles (flate rate) \$13.00 one way

Trips between 4 and 6 miles (flate rate) \$18.00 one way

Trips between 7 and 10 miles (flat rate) \$24.00 one way

Trips over 10 miles (per mile rate) \$31.00 one way

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input checked="" type="checkbox"/> Florence	<input checked="" type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input checked="" type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input checked="" type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input checked="" type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input checked="" type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
Dodge	2018 Grand Caravan SXT	2C4RDGCG1JR328628	4,483 lbs	X
Chrysler	2014 Town and Country	2C4RC1BG5ER160435	4,652 lbs	
Chrysler	2008 Town and Country	2A8HR44H28R634405	4,335 lbs	

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Audrey Ellerbe Boykin dba Double R Transportation 1

Name of Applicant

2101 Etters Lane Cassatt, SC 29032

Address of Applicant

Amount of Premium:

Liability Insurance \$ 36,265

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$1,000

Columbia Insurance Company

Name of Insurance Company

3024 Harney Street Omaha, NE 68131

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

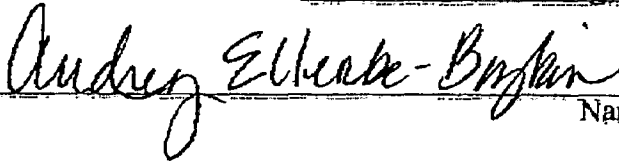
If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Kershaw)

SWORN TO BEFORE ME
This 20th day of July, 2020


Notary Public.

Commission Expires My Commission Expires
August 31, 2026

Print Application

INSURANCE PROPOSAL**FOR****Audrey Ellerbe Boykin dba Double R Transportation**

COMMERCIAL PACKAGE**A. General Liability**

General Aggregate Limit	\$3,000,000
Products Aggregate Limit	\$ Included
Personal Injury & Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Fire Damage Limit	\$ 50,000
Medical Expense Limit	\$ 5,000
Property Damage Deductible	\$ 2,500

B. Professional Liability

Per Claim Limit	\$1,000,000
Aggregate Limit	\$3,000,000
Deductible	\$ 2,500

C. Sexual Abuse and Molestation Liability

Per Claim Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Deductible	\$ 2,500

BUSINESS VEHICLES

#	Year	Description	VIN	Comp Deduct	Coll Deduct	State Value
01	2018	Dodge Grand Caravan	...8628	1,000	1,000	37,900
02	2014	Chrysler Town & Country	...0435	500	500	9,900
03	2008	Chrysler Town & Country	...4405	500	500	3,900

Coverage

Liability	\$1,000,000
Medical Payments	\$ 1,000
Uninsured Motorist	\$ 100,000
Underinsured Motorist	\$ 100,000

Approved Driver*:
Audrey Boykin

***All additional drivers must be reported to and approved by the insurance company prior to driving any company vehicle**

PREMIUM QUOTATION

Package Liability Premium	\$ 3,339.00
Commercial Auto Premium	\$36,265.00
Total Account Premium	\$ 39,604.00

PAYMENT PLAN

Annual Pay	\$ 39,604.00
------------	--------------

OR

Premium Finance:

Down Payment	\$ 8,280.80
10 Monthly Payments	\$ 3,293.88
Includes Taxes, Fees and Finance Charges	

This proposal is not a contract of insurance but is intended to provide a general outline of coverages. Refer to the actual policy for coverages and provisions.

RECOMMENDATIONS:

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- **An Excess Umbrella liability policy may be added for an additional, annual premium.**

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NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For AUDREY ELLERBE-BOYKIN

Quote #: 10798077

Status: Pending

Policy Type: AP

Originally Quoted: 7/08/2020 1:05 PM EDT
 Quote Printed: 7/17/2020 3:15 PM EDT
 Proposed Effective: 7/17/2020 2:00 AM EDT
 Proposed Expiration: 7/17/2021 2:00 AM EDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	21,164
7	UM - BIPD	100,000 CSL	1,413
7	UIM - BIPD	100,000 CSL	1,413
7	Medical Payments	1,000	214
7	Physical Damage	See Specific Unit	2,063
	Total Ins Value	41,599	

Producer: Reynolds Ins Services
 15 Boulevard Rd
 Lugoff, SC 29078
 Phone - (803) 438-1055

DOT #: 3445717

MC #: Unknown

Subject to:

-No Losses
 -Clear MVR's
 -100 mile radius
 -No Filings

Total \$26,267.00

Revision: 71SC2020R01

Vehicle Information

NICO-Rate Version: 8 6.37874.949

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2018 DODGE CARAVAN (28628) Comp/Coll \$28,000 Radius: Up to 100 Miles	7,298	487	487	74	907	N/A	N/A	9,253
Deductible: 1,000/1,000								

National Indemnity Company
 Since 1940

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<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>All/Lessor</u>	<u>Unit</u> <u>Sub Total</u>
2 2014 CHRYSLER TOWN & COUNTRY (60435) Comp/Coll \$9,906 Radius: Up to 100 Miles	6,933	463	463	70	637	N/A	N/A	8,566
	Deductible: 1,000/1,000							
3 2008 CHRYSLER TOWN & COUNTRY (34405) Comp/Coll \$3,693 Radius: Up to 100 Miles	6,933	463	463	70	519	N/A	N/A	8,448
	Deductible: 1,000/1,000							

Driver Information for AUDREY ELLERBE-BOYKIN

NICO-Rate for South Carolina
Columbia Insurance Company

Quote #: 10798077

Revision: 71SC2020R01

Driver	Date of Birth
1 AUDREY ELLERBE-BOYKIN	
2 JOHNIE LEE JOE	

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AUDREY ELLERBE-BOYKIN

Quote #: 10798077

Schedule of Forms & Endorsements

CA 0001 (10/2013) Business Auto Coverage Form
CA 0150 (12/2013) South Carolina Changes
CA 2018 (10/2013) Professional Services Not Covered
CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage
CA 2188 (12/2013) South Carolina Underinsured Motorists Coverage
CA 2402 (10/2013) Public Transportation Autos
CA 9958 (04/2014) South Carolina Auto Medical Payments Coverage
M 3912b (08/2001) Stated Amount Insurance
M 4566a (11/1999) Motor Vehicle Liability Insurance Identification Card
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
M 4600a (04/2003) Commercial Policy Jacket
M 4803 (02/1998) Abuse or Molestation Exclusion
M 4959a (03/2002) Schedule of Covered Autos
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist
M 5479 (04/2010) Towing and Storing Costs
M 5605 (02/2011) Business Auto Coverage Declarations
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement

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National Indemnity

group of insurance companies

Columbia Insurance Company
National Fire & Marine Insurance Company
National Liability & Fire Insurance Company

National Indemnity Company
National Indemnity Company of the South
National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 07/17/2020 - 07/17/2021
2. Named Insured AUDREY ELLERBE-BOYKIN
3. DBA DOUBLE R TRANSPORTATION
4. Entity Type ☒ Individual ☐ Partnership ☐ Corporation ☐ Other _____
- * 5. Business Phone Number (803) 729-5071 Email Address _____
- * 6. Mailing Address 2101 ETTERS RD Website _____
7. City Cassatt State SC Zip 29032
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. ☐ Yes ☐ No Have you ever had insurance with one of the companies listed above?

Coverages

Liability	\$1,000,000 Combined Single Limit
Uninsured Motorist	\$100,000 Combined Single Limit
Underinsured Motorist	\$100,000 Combined Single Limit

Medical Payments	\$1,000
------------------	---------

Operations

11. Business Description NEMT-DR APPT TRANSPORTATION
- * 12. Vehicle Usage _____
- * 13. ☐ Yes ☐ No New Venture? Years experience _____
- * 14. ☐ Yes ☐ No Is this your primary business? If no, explain _____
15. ☒ Yes ☐ No Is your business for hire/for profit?
- * 16. Gross receipts last year _____ Estimate for coming year _____
17. ☐ Yes ☐ No Do you operate in more than one state? If yes, list states _____
- * 18. What is the largest city entered? _____
- * 19. ☐ Yes ☐ No Is the transportation of people your primary business?
- * 20. ☐ Yes ☐ No Are vehicles leased to drivers?
- * 21. ☐ Yes ☐ No Do you transport physically disabled individuals? If yes, what percentage of the time? _____
- * 22. ☐ Yes ☐ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. ☐ Yes ☐ No Do you have a scheduled route?
- * 24. ☐ Yes ☐ No Do you ever transport unscheduled passengers?

Ambulance and Medical Transportation

- * 25. ☐ Yes ☐ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
- * 26. ☐ Yes ☐ No Are any autos operated 24 hours per day? If yes, which autos? _____
- * 27. ☐ Yes ☐ No Are you the primary response unit for emergency (911) calls?
- * 28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
- * 29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. ☐ Yes ☐ No Is operation part of a school curriculum?
31. ☐ Yes ☐ No Is class room instruction given?
32. ☐ Yes ☐ No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. ☐ Yes ☐ No Have you ever been declined, canceled or non-renewed for this kind of insurance?
If yes, explain _____
- * 34. ☐ Yes ☐ No Have you previously had commercial auto insurance?
If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

M-5689 (02/2012)

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Drivers

	Name	Date of Birth	License			Experience	
			State	Number	Type	Type of Unit	# of Years
*	1 AUDREY ELLERBE-BOYKIN						
*	2 JOHNNIE LEE JOE						
	3						
	4						
	5						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 AUDREY ELLERBE-BOY						
*	2 JOHNNIE LEE JOE						
	3						
	4						
	5						

* 35. ☐ Yes ☐ No Are drivers covered by workers compensation?

Vehicles

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 2018 DODGE CARAVAN C4RDGCG1JR328628		7		100			W
*	2 2014 CHRYSLER TOWN & COUNTRY 2C4RC1BG5ER160435		7		100			
*	3 2008 CHRYSLER TOWN & COUNTRY 2A8HR44H28R634405		7		100			
	4							
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	28,000	C	1,000	1,000	
2	9,906	C	1,000	1,000	
3	3,693	C	1,000	1,000	
4					
5					
6					

**Include the value of AV equipment permanently installed in the vehicle

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Filings (complete if filings are being requested)

36. ☐ Yes ☐ No Is an FHWA filing required? If yes, MC number _____
What authority do you have? ☐ Broker ☐ Common ☐ Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
38. If you are an interstate regulated carrier, identify your registration or base state _____
39. ☐ Yes ☐ No Is an intrastate filing needed? If yes, show state and permit number _____
40. ☐ Yes ☐ No Is MCS 90 endorsement needed? _____
41. ☐ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?
If no, explain _____
42. ☐ Yes ☐ No Do you enter Canada? If yes, where? _____
43. ☐ Yes ☐ No Do you enter Mexico? If yes, where? _____
44. ☐ Yes ☐ No Have you ever changed your operating name? If yes, explain _____
45. ☐ Yes ☐ No Do you operate under any other name? If yes, explain _____
46. ☐ Yes ☐ No Do you operate as a subsidiary of another company? If yes, explain _____
47. ☐ Yes ☐ No Do you own or manage any other transportation operations that are not covered?
If yes, explain _____
48. ☐ Yes ☐ No Do you lease your authority? If yes, explain _____
49. ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf?
If yes, explain _____
50. ☐ Yes ☐ No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?
If yes, attach a copy of the current agreement and complete the following:
With whom has such agreement(s) been made? _____
51. ☐ Yes ☐ No Do the parties named above carry automobile liability insurance?
If yes, name of insurance company and limits of liability _____
Under whose permit does each of the parties to the agreement(s) operate? _____
52. ☐ Yes ☐ No Is there a Hold Harmless in the agreement?
53. ☐ Yes ☐ No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

AUDREY ELLERBE-BOYKIN

M-5638 (08/2011)
Columbia Insurance Company

Quote # 10798077

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

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AUDREY ELLERBE-BOYKIN

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Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you must* then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

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AUDREY ELLERBE-BOYKIN

Quote #: 10798077

M-5638 (08/2011)

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$977
\$30,000/ \$60,000/ \$25,000	\$1,037
\$50,000/ \$100,000/ \$25,000	\$1,282
\$50,000/ \$100,000/ \$50,000	\$1,300

Your Policy's Liability Coverage Limits:

\$1,000,000 CSLNo Company Rate on File☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$100,000 CSL**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$977
\$30,000/ \$60,000/ \$25,000	\$1,037
\$50,000/ \$100,000/ \$25,000	\$1,282
\$50,000/ \$100,000/ \$50,000	\$1,300

Your Policy's Liability Coverage Limits:

\$1,000,000 CSLNo Company Rate on File☐ I reject additional Underinsured Motorist Coverage☒ I select additional Underinsured Motorist Coverage at the following limits: \$100,000 CSL**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Today's Date: _____

Your Address: _____

Jul 22 20, 04:00p

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MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☐ Yes ☐ No Will premium be financed? If yes, with whom _____

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Witness _____

Applicant's Signature _____

Date _____

Insured Contact InformationName AUDREY ELLERBE-BOYKIN

Name _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Relationship Owner

Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

☐ Yes ☐ No Is this direct business to your office? If not, explain _____

☐ Yes ☐ No Is this new business to your office? If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
 (Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address _____

Phone No. _____